


United States Environmental Protection Agency
Washington, D.C. 20460
REQUIREMENTS STATUS AND REGISTRANT'S RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-3

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form. Use additional sheet(s) if necessary.

1. Company Name and Address SHARDA CROPCHAM LIMITED P.O. Box 640 HOCKESSIN, DE 197070640		2. Case # and Name 0181 - Metribuzin Chemical # and Name: 101101 Metribuzin			3. Date and Type of DCI and Number 28-Aug-2020 GENERIC ID # GDCL-101101-1825				
4. Guideline Requirement Number	5. Study Title	P R O T O C O L	Progress Reports			6. Use Pattern	7. Test Substance	8. Time Frame (Months)	9. Registrant Response
			1	2	3				
SS-1033	Comparative Thyroid Assay (1)	Y				A,B,Q,HH	TGAI	24	3
10. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative 							11. Date 11/30/2020		
12. Name of Company SHARDA CROPCHAM LIMITED							13. Phone Number 302 635 7290		